

Book Reviews

DOCTORS OF MEDICINE IN NEW MEXICO: A HISTORY OF HEALTH AND MEDICAL PRACTICE—1886-1986—Jake W. Spidle, Jr, Professor of History, University of New Mexico, Albuquerque. University of New Mexico Press, Albuquerque, NM 87131, 1986. 320 pages, \$29.95.

Jake Spidle, Professor of History at the University of New Mexico, has contributed an interesting, well-written account of doctors in New Mexico. The book developed from a centennial (1886-1986) history project of the New Mexico Medical Society. Although it fulfills the memorial aims of the sponsoring organization, Spidle blends the history of the state with the revolutionary changes in the practice of medicine. The hand of a professional historian is revealed by his skillful use of oral histories and a scholarly use of published and unpublished sources.

In the early history of New Mexico, the tuberculosis business was nothing less than coequal in importance to the cattle and mining industries. The high desert air of the region was considered salubrious for tuberculosis. It brought in an army of consumptives seeking the cure, often in the sanatoriums that proliferated for their care. Many of the doctors also were "lungers." By midcentury, tuberculosis was controlled and the sanatorium business perished.

"Las Doctoras," the chapter about women physicians, is particularly intriguing. Small in number but large in their contributions, they were the key movers in reducing the shameful infant and maternal mortality. One of them, Evelyn Frisbie, in 1916 became the first woman president of a state medical society.

Public health was not organized on a statewide basis until 1919, seven years after New Mexico became a state. A malaria eradication program was successfully carried out, with a practitioner, Charles Gerber, as the driving force. A systematic development of the department was initiated by a Public Health Service officer, Clifford Waller, who was assigned to the state. Vital statistics, registration, sanitation, and surveillance programs became routine. These were supported by practitioners and their society. There remained wariness about visiting health nurses and other potential threats to medical practice.

New Mexico entered the modern era of medicine during the 1950s, with the expansion of the Lovelace Medical Center and the opening in 1964 of a four-year school of medicine at the University of New Mexico in Albuquerque. The New Mexico Medical Society was the coordinating instrument for medical standards and other medical affairs.

Missing from the book are the economic aspects of medicine and attempts to achieve cost containment. Missing also, sadly, are discussions of the Indian populations and their health problems. The roles of federal programs in medicine, including the fiascos of Regional Medical Programs and Comprehensive Health Planning, are underplayed.

The book is attractively printed, but many photographs are of poor quality. The book is recommended to medical historians but is of sufficient interest for general readers as well.

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ABDOMINAL ULTRASOUND—Carol A. Mittelstaedt, MD, Associate Professor, Radiology and Obstetrics and Gynecology, University of North Carolina at Chapel Hill. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 711 pages, \$149.

This text contains comprehensive coverage of several aspects of abdominal ultrasound, including imaging of the liver, biliary system, pancreas, urinary tract, retroperitoneum, and peritoneal cavities, abdominal vascular structures, spleen and GI tract. It is fairly easy to read and the layout is excellent. Individual chapters are organized to include discussions of the approach to sonographic imaging of particular structures, normal and abnormal anatomic relationships, and a wide range of pathology. Each chapter closes with a discussion of ultrasound's sensitivity and specificity for imaging various abnormalities, as well as a comparison of diagnostic accuracy between sonography and other imaging techniques. A comprehensive list of reference articles is included. The scans, which include both static and real-time images, are well executed and have been clearly reproduced and annotated.

There are occasional discussions that are repetitious. The chapters on interventional and intraoperative ultrasound are brief and may perhaps leave the uninitiated sonographer ill-equipped to handle many of the problems in these areas. The chapter on vascular ultrasound is grossly lacking in the use of doppler technique in evaluating the abdominal vessels. The section on prostate imaging is limited and incomplete. Obstetric and gynecologic imaging

are not covered. To some extent, this limits the book's scope of usefulness with regard to pelvic imaging.

Overall, the text contains valuable and practical information. Neophyte sonographers will benefit from considerable technical and basic details while the experienced radiologist will find practical approaches to imaging that will improve diagnostic skills.

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CURRENT EMERGENCY THERAPY—Third Edition—Edited by Richard F. Edlich, MD, PhD, Distinguished Professor, Plastic Surgery and Biomedical Engineering, and Director, University of Virginia Burn Center, and Daniel A. Spyker, PhD, MD, Assistant Professor of Internal Medicine and Co-Director, Blue Ridge Poison Center, University of Virginia School of Medicine, Charlottesville. Aspen Publishers, Inc, 1600 Research Blvd, Rockville, MD 20850, 1986. 578 pages, \$77.

The new edition of *Current Emergency Therapy* exhibits the precise economy of thought and word that busy emergency physicians have come to admire. The publisher has abandoned the "vintage" label (previous editions bore their publication year in the title). The principal authors have maintained an impressive list of contributing authorities who are established "heavy hitters" in their specialties. Approximately 400 pages have been trimmed from the earlier edition. Quality and pertinence of information have not been sacrificed but trimming an inch in girth and three pounds from the weight of this book makes it truly portable and therefore practical.

The first section, or about half the book, is devoted to traumatic injury. It is organized into a true "head-to-toe" format or more specifically skull to digital injury. Throughout this section, there is concentration on trauma known to be troublesome to both rookie and veteran emergency physicians (high pressure injection injuries, compartmental syndromes, foreign bodies, needle sticks, and rabies prophylaxis—to name a few). By contrast, penetrating trauma and acute CNS injury are presented with scant detail. The logic of this is obvious—these serious injuries are promptly referred to appropriate surgical specialists. The "head-to-toe" format should be appreciated by teachers of Advanced Life Support, reinforcing the concept of a systematic approach to assess trauma victims.

The second half of the book covers nontraumatic medical and surgical emergencies. Here is where most of the weight loss took place, compared to earlier editions. Some readers may not appreciate this finely tuned editing of sparse text. To this reviewer, good emergency care dictates referral of hepatitis, hypertension, and heart attacks. If this book lacks detail concerning these problems but elaborates on tetanus, toxicology, and tachycardias, it better serves the emergency physician's needs.

As in previous editions, short bibliographies follow each chapter. These are thoughtfully provided and annotated with a one-sentence summary. The references are timely and should provide a convenient starting point for any reader who seeks more detail on a topic.

Few emergency departments can spare the space for a library-sized dictionary stand, which would be a safe way to keep the earlier editions accessible. Yet, physicians and nurse staff would appreciate this book in their emergency departments to answer the unique questions that arise in emergency practice. A toddler is brought in having gobbled down a fistful of tasty vitamins. Your regional poison center puts you on hold because they are dealing with a more critical case. It's true—Flintstones vitamins contain 50% more iron than Monsters vitamins (p 474). A wheezing fireman sits uncomfortably on the edge of bed #2. What are the toxic elements common to housefire smoke? (p 236). Some data may seem trivial (P.I.D. costs this country \$3 billion annually—p 554) but most of the information is pertinent.

If the book appeals to teachers of emergency medicine, it should be attractive to medical students and specialty board candidates who need concise systematic review. They will find it a durable, quality-bound text with an attractively grained leather facade of deep green. Those who dislike dark green covers will appreciate its brightening by slightly gaudy white and gold print and trim. There are few textbooks dedicated to the specialty of emergency medicine and even fewer good ones. We are often forced to rely on classic texts of the traditional specialties to find authoritative information. Despite the publisher's implication by using the word "Current" in the title, this book is more a text than a periodical. It is both too comprehensive and too expensive to attract annual or even biennial buyers. It should, however, prove a well-used addition to any good emergency medicine library.

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